

Study aimed at making community-based health insurance benefits more accessible to the poor

Submission date 25/06/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 25/06/2007	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 16/02/2016	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

This study aimed to identify ways of making the benefits of a health insurance scheme in Gujarat, India, more accessible to its poorest members. Normally, in order to be eligible for reimbursement under this insurance scheme, a member had to be hospitalized, had to pay for her hospitalization out-of-pocket, and then had to submit an insurance claim. Research we conducted in 2003 suggested that the poorest members of this insurance scheme were the least likely to benefit from it. Among the problems they faced were jobs and responsibilities that prevented them from seeking hospitalization, and difficulties paying for hospitalization. This study involves testing two different interventions intended to make health insurance benefits more accessible.

Who can participate?

All female and male members of SEWA insurance for 2004 and 2005.

What does the study involve?

One intervention involves paying the insurance benefits upfront when the woman was admitted to hospital, rather than by reimbursement. The second intervention involves strengthening contacts between members and administrators, to make the process of submitting a claim easier and less expensive. Participants are randomly allocated to either the first intervention, the second intervention, or the two interventions together.

What are the possible benefits and risks of participating?

Not provided at time of registration

Where is the study run from?

London School of Hygiene and Tropical Medicine (UK)

When is the study starting and how long is it expected to run for?

October 2003 to April 2006

Who is funding the study?

Wellcome Trust (UK)

Who is the main contact?
Prof Anne Mills
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Contact information

Type(s)
Scientific

Contact name
Prof Anne J Mills

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number
NCT00421629

Secondary identifying numbers
067926; PHHPBD25

Study information

Scientific Title
Experimental study to assess interventions aimed at improving the equity impact of community-based health insurance

Study objectives
Community based health insurance is often cited as a means of improving access and financial protection in developing countries, but such schemes may not benefit the poorest. We evaluate alternative strategies for improving the uptake of benefits of a community based health insurance scheme by its poorest members.

The purpose of this study is to assess interventions aimed at improving the distributional impact of a community based health insurance scheme in rural India.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee on 15/03/2003, ref: 948

Study design

Health services research, randomised, open label, active control, factorial assignment

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Quality of life

Participant information sheet**Health condition(s) or problem(s) studied**

Health insurance

Interventions

Three groups are compared to standard insurance scheme members (control):

1. Group one is provided with After-Sale Service and supportive supervision (AfterSS)
2. Group two is provided with Prospective Reimbursement (PR)
3. Group three is provided with these two interventions together (both)

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Socioeconomic status of claimants relative to the membership base in their subdistricts of residence.

Secondary outcome measures

1. Enrolment rates in Vimo SEWA
2. Mean socioeconomic of the insured relative to the general rural population
3. Rate of insurance claim submission

Overall study start date

01/10/2003

Completion date

01/04/2006

Eligibility

Key inclusion criteria

Subdistrict inclusion criteria:

500 or more female (greater than or equal to 18 years of age) Self Employed Womens Association (SEWA) insurance members in 2003.

Individual inclusion criteria:

All female and male members of SEWA insurance for 2004 and 2005.

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Female

Target number of participants

688

Key exclusion criteria

Subdistrict exclusion criteria:

1. All members were mandatorily enrolled in the scheme by a donor agency
2. The sub-district had no general hospital of 25 beds or more

Individual exclusion criteria:

Those whose home could not be found based on given address data.

Date of first enrolment

01/10/2003

Date of final enrolment

01/04/2006

Locations

Countries of recruitment

England

India

United Kingdom

Study participating centre

London School of Hygiene and Tropical Medicine

London

United Kingdom

WC1E 7HT

Study participating centre

Self Employed Women's Association

SEWA Reception Centre

Opp. Victoria Garden

Bhadra

Ahmedabad

India

380 001

Sponsor information

Organisation

London School of Hygiene and Tropical Medicine (UK)

Sponsor details

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London

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Sponsor type

Hospital/treatment centre

Website

<http://www.lshtm.ac.uk/>

ROR

<https://ror.org/00a0jsq62>

Funder(s)

Funder type

Charity

Funder Name

Wellcome Trust (UK) (grant ref: 067926)

Alternative Name(s)

Funding Body Type

Private sector organisation

Funding Body Subtype

International organizations

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	challenges to trial results:	01/01/2006		Yes	No
Results article	results	01/02/2006		Yes	No
Results article	barriers to trial results:	01/03/2006		Yes	No
Results article	preferred provider system results:	01/09/2006		Yes	No
Results article	equitable utilisation results:	23/06/2007		Yes	No
Results article	measuring improved targeting results:	01/07/2007		Yes	No
Results article	management initiatives results:	01/10/2007		Yes	No